

# 2000 UNIFORM BUSINESS REPORT (UBR) Amended

APPROVED  
AND  
FILED

DOCUMENT # **P96000033600**

1. Entity Name

**CARibbean Feeding Tree Restaurant INC.**

00 JUN -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5045 Silver Star Rd  
ORL. FL. 32808**

2. Principal Place of Business

3. Mailing Address

**5045 Silver Star Rd**  
Suite, Apt. #, etc.

**- Same -**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orlando FL.**

City & State

**- Same -**

4. FEI Number

**59-3370096**

Applied For

Not Applicable

Zip

**32808**

Country

**ORANGE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON VICTOR  
4519 Tower Pine Road  
Orlando FL. 32808**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Richardson Victor**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
NAME **RICHARDSON VICTOR**  
STREET ADDRESS **4519 Tower Pine Road**  
CITY-ST-ZIP **ORLANDO FL. 32839**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **100003291261--9**  
CITY-ST-ZIP **-06/15/00--01062--030**

TITLE **Vice President** ☐ Delete  
NAME **JOHANNA JONES**  
STREET ADDRESS **4519 Tower Pine Rd**  
CITY-ST-ZIP **ORL. FL. 32839**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
CITY-ST-ZIP

TITLE **Treasure** ☐ Delete  
NAME **JOHANNA JONES**  
STREET ADDRESS **4519 Tower Pine Rd**  
CITY-ST-ZIP **ORL. FL. 32839**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **200003277812--9**  
CITY-ST-ZIP **-06/08/00--01009--001.1**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **\*\*\*\*\*8.75 \*\*\*\*\*8.75**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richardson Victor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-5-00 (407)292-3737**  
Date Daytime Phone #

CR2E034 (9/99)